

## CATASTROPHIC LEAVE

### **PURPOSE**

The purpose of the catastrophic leave program is to allow eligible employees experiencing a catastrophic illness or injury, as defined by West Virginia Code §18B-7-14 and Shepherd University Board of Governors Policy 10, to request approval to receive and use paid leave time donated by other employees.

Catastrophic leave is a privilege and when using it an employee must agree to abide by the University's requirements related to documentation and communication. Employees who are unwilling to do that will not be approved for catastrophic leave.

### **ELIGIBILITY**

In order to be eligible to use catastrophic leave, employees must be full-time, in leave earning status, and approved for medical leave, and their sick and annual leave must have been exhausted or else it will be exhausted during their absence. If employees do not earn leave by virtue of the status of their positions, then they cannot be the recipients of leave donations.

### **PROCEDURE**

To request catastrophic leave, employees must submit to the Human Resources Office a Catastrophic Leave Application as well as a Medical Leave Verification form completed by an appropriately licensed treating health care provider. The treating physician's signature is required on the Medical Leave Verification form, as opposed to the signature of a member of the physician's staff. If there is a lack of clarity in the medical documentation, then the Human Resources staff may call the health care provider to seek additional information.

Completed forms, with the recommendation of the Director of Human Resources, will be forwarded to the President for action. Only the President has the authority to approve a request for catastrophic leave.

Catastrophic leave will run concurrently with Family and Medical Leave Act (FMLA) leave. An employee cannot wait until the conclusion of the catastrophic leave period to begin FMLA leave.

### **PROCESS**

When an employee has been approved for catastrophic leave, an email message will be sent by the Human Resources Office inviting leave-earning staff members to donate leave to the employee. Leave earning staff may donate sick and/or annual leave and it must be donated in 7.5-hour increments. If you are leaving the University, your donated leave will only be used through your last active day.

Leave will be deducted from donors' leave records at the end of the month in which it is used by the employee on catastrophic leave. There may be a lapse of weeks or even months before the leave is deducted, depending on how many employees donate leave. If employees receive more leave donations than are needed, then surplus donations will not be deducted from the donors' leave balances.

Employees on catastrophic leave will continue to accrue sick and annual leave as long as they have received enough donations to remain active on the payroll. Employees on catastrophic leave will have their accrued leave applied first before donated leave is applied.

If an employee has reached the end of the time period for which s/he has been approved for catastrophic leave and the treating physician has not released the employee to return to work, then the employee must submit another Medical Leave Verification form to support continued absence from work.

## **LEAVE OF ABSENCE WITHOUT PAY**

If all accrued and donated leave has been exhausted before an employee has been released to return to work, then the employee must apply to the President for unpaid medical leave. Employees who neglect to seek the approval of the President for an unpaid leave of absence when their paid leave expires will be considered to be on unapproved leave and appropriate disciplinary action will be taken. Leave will no longer accrue once the employee has exhausted all paid leave and has gone off the payroll.

Employees on the salaried payroll who are on a leave of absence without pay will be transferred to the hourly payroll when they deplete their leave and will remain on the hourly payroll upon their return at least until they have accrued at least five days of leave.

## **DURATION**

Catastrophic leave will begin when it has been approved by the President; it is not retroactive to the date that the employee runs out of accrued leave. The length of time required for catastrophic leave will be determined by the Human Resources staff and the President, based on information received from the treating physician. In no case will an employee be permitted to continue on catastrophic leave status without complete, accurate, and up-to-date documentation from the employee's physician.

## **INSURANCE**

Employees on catastrophic leave who carry health insurance through Shepherd University will have their health insurance continued as long as they are on approved catastrophic leave. When paid leave has been exhausted, if the employee has been approved by the President for an *unpaid medical leave*, then group health insurance may be continued provided that the employee pays the employee premium costs of the health insurance. Employees must make arrangements with the Payroll Office for such payments.

## **RETURN TO WORK**

With the approval of the treating physician, employees may return to work for half-days and remain on Catastrophic Leave. Before employees return to work, they must present to the Human Resources Office or to their supervisor a Medical Release to Return to Work form signed by the treating physician to the Human Resources Office. If the form is presented to the supervisor, then the supervisor must forward the release to the Human Resources Office.

Failure of employees to report to work promptly at the expiration of an approved leave of absence (paid or unpaid), except for satisfactory reasons submitted and approved in advance, shall be cause for termination of employment by the institution.

# Shepherd University Catastrophic Leave Application

A classified or non-classified employee experiencing a catastrophic illness or injury as defined by West Virginia Code (18B-9-10) and Shepherd University Board of Governors Policy 10 may request approval to receive paid leave time donated by other employees. It is the responsibility of the employee to provide appropriate medical verification so that a request for catastrophic leave can be evaluated. The medical leave verification must be completed by an appropriately licensed treating health care provider verifying that the employee is unable to work due to a catastrophic illness or injury. (The physician's signature is required, as opposed to the signature of a member of the physician's staff.) This completed form must accompany the employee's request for catastrophic leave.

Catastrophic leave requests must be submitted to the Office of Human Resources. The President of the University is the only person who has the authority to approve catastrophic leave requests.

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Date Leave Exhausted: \_\_\_\_\_ Reason Leave Exhausted: \_\_\_\_\_

Estimated Number of Leave Days Needed: \_\_\_\_\_

If employee cannot work to full capacity, could he/she perform "light duty" tasks? \_\_\_\_\_  
(If the employee could perform "light duty" tasks, those limitations must be explained on the Medical Leave Verification form.)

I am seeking catastrophic leave for an injury/illness for:  myself  primary family member

If for a primary family member, name, and relationship of family member: \_\_\_\_\_

Please provide a brief summary of medical condition requiring an extended leave of absence from work.

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above statements are true. I authorize Shepherd University to obtain information necessary to evaluate this request.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

HR Director's recommendation to President: \_\_\_\_\_ approve catastrophic leave request  
\_\_\_\_\_ do not approve catastrophic leave request

HR Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's action: \_\_\_\_\_ approved \_\_\_\_\_ disapproved

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-- Please note that when employees return to work following catastrophic leave, they will be placed on the hourly payroll. --

# Shepherd University Medical Leave Verification

Employee's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## Physician's Statement (if leave is being requested for Employee):

Medical Condition of Employee: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Duration and Treatment Plan: \_\_\_\_\_

Employee needs to be off work from \_\_\_\_\_ through and including \_\_\_\_\_

## Physician's Statement (if leave is being requested for a family member):

Medical Condition of Patient (Family Member): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Duration and Treatment Plan: \_\_\_\_\_

Relationship of Patient to Employee: \_\_\_\_\_

Employee needs to be off work consecutively from \_\_\_\_\_ through and including \_\_\_\_\_

AND/OR

Employee needs to be off work intermittently from \_\_\_\_\_ through and including \_\_\_\_\_

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

\_\_\_\_\_  
Physician's Signature (Must be signed by physician, not staff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Physician (please print)

\_\_\_\_\_  
Physician's Phone Number

I hereby grant permission for my medical records to be released to the Human Resources Office, Shepherd University, PO Box 5000, Shepherdstown, WV, 25443. (Phone 304-876-5299; Fax 304-876-5197)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# Shepherd University Medical Release to Return to Work

Patient's Name: \_\_\_\_\_ is released to return to work on \_\_\_\_\_ with the following restrictions:

\_\_\_\_\_ No restrictions required

\_\_\_\_\_ Restricted hours per day: This specified limit \_\_\_\_\_

\_\_\_\_\_ Restricted days per week: This specified limit \_\_\_\_\_

\_\_\_\_\_ Restricted weight lifting: No greater than:  50 lbs.  20 lbs.  10 lbs.  5 lbs.  Other \_\_\_\_\_

## Restrictions during a work shift

Bending/Stooping  0 hours  1-3 hours  4-5 hours  6-8+ hours  No restriction

Pulling/Pushing  0 hours  1-3 hours  4-5 hours  6-8+ hours  No restriction

Overhead Reaching  0 hours  1-3 hours  4-5 hours  6-8+ hours  No restriction

Sitting  0 hours  1-3 hours  4-5 hours  6-8+ hours  No restriction

Standing  0 hours  1-3 hours  4-5 hours  6-8+ hours  No restriction

If other limitations please specify: \_\_\_\_\_

These restrictions are to be in effect starting \_\_\_\_\_ through and including \_\_\_\_\_

These limitations are:  **Permanent**  **Temporary**

May resume regular duties on \_\_\_\_\_ **OR** will be re-evaluated on \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature (Must be signed by physician, not staff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Physician (please print)

\_\_\_\_\_  
Physician's Phone Number

I hereby grant permission for my medical records to be released to the Human Resources Office, Shepherd University, PO Box 5000, Shepherdstown, WV, 25443. (Phone 304-876-5299; Fax 304-876-5197)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

It is the employee's responsibility to submit this form to the Department of Human Resources prior to returning to work. Shepherd University will take the suggestions that medical providers make into consideration, but it is the employer's decision as to whether requested accommodations can be met in a reasonable fashion. Employees will be notified by their supervisors if their duties can be modified to meet the restrictions described, or if such modifications cannot be made and they will need to remain off work on medical leave.

# Shepherd University Catastrophic Leave Donor Form

Sick and annual leave donated by qualified classified or non-classified employees will be deducted from their leave balances at the time it is used. In some cases, there may be several months between the time the donor signs this form and the time the leave deduction appears on the donor's leave report.

Name of Donating Employee: \_\_\_\_\_

Name of Employee Receiving Catastrophic Leave Donation: \_\_\_\_\_

Number of Days Donated: \_\_\_\_\_ (sick) \_\_\_\_\_ (annual)

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

**HR Office use only**

Leave deducted from donor's leave balance: \_\_\_\_\_ (sick) \_\_\_\_\_ (annual)

Date deducted: \_\_\_\_\_ HR staff initials: \_\_\_\_\_